

**Notice:** Use of this form is required by the Department for any application filed pursuant to ss. 27.01(9) and 27.01(10)(f), Wis. Stats., and ss. NR 45.12(1)(f) and NR 45.12(3), Wis. Adm. Code. Personally identifiable information on this form will be used to administer the parks and forest program.

**Instructions:** Mail this fee waiver request directly to the property from which you are requesting the waiver. Requests must be received at the property AT LEAST 7 DAYS PRIOR to the beginning of the planned activity.

**Organization Information**

Organization Name		Name of Contact Person	
Mailing Address			
City	State	ZIP Code	Telephone Number

**Trip Information**

Purpose of Trip	
Dates Waiver Requested	Estimated Number of People

**Select all that apply to your group:**

- ☐ Authorized public or private school activity. (A letter may be required from the School District Administrator or the administrator of a home-based educational program. "Private schools" means institutions meeting the criteria of s. 118.165, Wis. Stats.)
- ☐ Group with mentally or physically disabled persons and their attendants brought by a nonprofit organization recognized by the Internal Revenue Service under 26 USC 501(c)(1) or (3) whose primary purpose is the improvement of the mental or physical health of the individual. Include proof of nonprofit status by attaching a copy of the organization's charter.
- ☐ Persons on official government business in government-owned or private vehicle.

**Special Conditions:**

- Vehicles eligible for fee waiver must stop at property office for issuance of courtesy permits.
- The organization in charge of the outing must provide close and continuous supervision of the group. Failure to do so could be cause for eviction or disapproval of future requests.

**Applicant Signature**

Signature of Applicant	Date Signed
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**DNR REPLY**

- ☐ Your group meets the requirements of the vehicle / trail fee waiver request and this approved form is your authorization for admission fee exemption. Please bring it with you and show it at check-in or upon request of any Department employee.
- ☐ Your group DOES NOT meet the fee waiver requirements and you are NOT exempt from the fees required. We are sorry your request can not be approved.

Signature of Property Superintendent or Designee	Date Signed
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